

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90372 007 *****61.25

DOCUMENT # N94000003654

1. Entity Name

SOUTH FLORIDA HISPANIC CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

1205 LINCOLN ROAD
 SUITE 211
 MIAMI BEACH FL 33139
 US

1205 LINCOLN ROAD
 SUITE 211
 MIAMI BEACH FL 33139
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0511241

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, LILIAM M
2457 COLLINS AVE
#701
MIAMI BEACH FL 33140

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **ABRAMOVICH, ABRAHAM**
 STREET ADDRESS **1698 ALTON RD**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☒ Delete
 NAME **DORTA, HUGO E**
 STREET ADDRESS **501 BRICKELL AVE., SUITE 600**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Lazaro Hernandez**
 CITY-ST-ZIP **1111 Lincoln Rd. Suite 870**
Miami Beach, FL 33139

TITLE **D** ☐ Delete
 NAME **ROTBART, MICHAEL**
 STREET ADDRESS **2401 COLLINS AVENUE., #C3**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☐ Delete
 NAME **CHISHOLM, ROBERT E**
 STREET ADDRESS **7254 SW 48TH ST**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GONZALEZ-JACOBO, RAFAEL**
 STREET ADDRESS **780 NW 42 AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **LOPEZ, LILIAM M**
 STREET ADDRESS **2457 COLLINS AVE., #701**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Liliana M. Lopez

1/9/02

305-534-1903

CR2E037 (9/01)